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RURAL DISTRICT OF SALISBURY AND WILTON

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

Incorporating

THE REPORT



THE CHIEF PUBLIC HEALTH INSPECTOR

For the Year 1960

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RURAL DISTRICT OF SALISBURY AND WILTON

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

INCORPORATING THE REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1960

To the Chairman and Councillors of the Rural District of Salisbury and Wilton.

I have the honour to present the Annual Report on the public health of the District during 1960. The Report follows the recommendations of the Ministry of Health in Circular No. 1 1960. The Public Health Officers Regulations 1959, are referred to in this Circular, which draws attention to the provision in the Regulations for the Medical Officer of Health to comment on any matter which he thinks desirable in relation to the public health in this area.

The Report of the Chief Public Health Inspector, Mr. J.A. Furley, is incorporated. This provides me with detailed information in regard to environmental public health in the district to supplement that derived from my personal observation and enables some further comments to be made.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department and other Colleagues, without which assistance the preparation of this Report would not have been possible. I would also particularly like to record my gratitude to my colleagues the General Medical Practitioners and Health Visitors, also Dr. Peter Womald, Director of the Salisbury Public Health Laboratory, for their great help to me in carrying out my work.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN

Medical Officer of Health.

21st July, 1961.

INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report:

1. In the "Vital Statistics" Section:

A nearly halved Infant Mortality Rate of 12.8, a Tuberculosis Mortality Rate remaining at Nil, and an almost unchanged standardized Death Rate of 9.7. Two thirds of the latter was due to heart and circulatory diseases, and about one quarter to Cancer and related malignant disease. One eighth of the Cancer deaths were due to Lung Cancer.

2. In the "Communicable Disease" Section:

On the protective side, tetanus immunisation was introduced. There was improvement in preventive "immunisations" against Small Pox, Diphtheria, Whooping Cough and Poliomyelitis. On a small scale Tuberculosis "immunisation" for selected age groups of children and contacts of the disease continued. There was a very low incidence of notifiable communicable diseases. There was a slight increase, however, in notifications of Respiratory Tuberculosis from 6 last year to 7 this year.

3. In the "Environmental Public Health and Food" Section:

The substantial progress in provision of new housing, in spite of which there is increasing shortage of housing accommodation. The need to maintain an all-out drive to reduce this problem, probably the greatest public health problem of the age, in this country. However, the Council augment their housing provision, the unsatisfied need for homes leaps several steps ahead. Progress in development of rural water supplies, which however have too low a fluoride content. Increasing need for sewerage in certain areas.

The continued satisfactory results of the milk sampling scheme introduced in 1954, especially the completely negative results of samples taken for biological examination for Tuberculosis and for living Brucella organisms. (This scheme ceased to operate in October, on transfer of the duties to Wiltshire County Council).

Further slow progress in the conforming of "Food Premises" to the Food Hygiene Regulations.

4. Principal Outstanding Public Health Needs

These are unchanged. They comprise:-

- (1) More homes, with the minimum encroachment upon agricultural land.

- (2) Extension of main water supplies to those parts of the district not yet served, although planned and approved in principle.
- (3) Enrichment of drinking water supplies to provide sufficient fluoride salt to enable teeth to grow healthy and durable.
- (4) More Sewerage.
- (5) Less tobacco smoking, with more effort to combat the antisocial advertising, - recently aimed especially at young people, - of the cigarette vendors.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health: F. J. G. IISHMAN, M.D. (Hygiene),
B.S., (London), D.P.H. (London),
L.R.C.P., M.R.C.S., D.L.O.
(England), L.M.C. (Canada).
Residence:
"Till Orchard",
Berwick St. James. (Tel Stapleford
269)

Chief Public Health Inspectors: J. A. FURLEY, M.R.S.H., M.A.P.H.I.

Public Health Inspectors: R. P. BATTEN, M.R.S.H., M.A.P.H.I.
R. A. COOMBS, M.R.S.H., M.A.P.H.I.

Rodent Operator: R. H. COOMBS

Clerk: P. GOODSHIP

Clerks and Stenographers: Mrs. Y. NEWTON - Resigned in
December 1960 and succeeded by
Miss E. R. DARE in January 1961.
Miss E. R. DARE promoted in
January, 1961, succeeded by
Miss S. G. BARRETT.

The Medical Officer of Health also holds combined appointments as Medical Officer of Health for the Mere and Tisbury Rural District, and for the Borough of Wilton, and, also under arrangements first made in 1954, he acts as Assistant County Medical Officer of Health for the Wiltshire County Council, so that the multiple appointments are also termed "mixed appointments". Approximately three elevenths of the salary for the Joint appointment is allocated to the Salisbury and Wilton Rural District.

The Chief and first Additional Public Health Inspectors also hold appointments as Surveyors for the Rural District.

GENERAL ADMINISTRATION DURING THE YEAR

There has been no change in the general administration of the Public Health Department during the year.

GENERAL STATISTICS

Number of Parishes	..	..	..	..	..	..	..	..	31
Area in Acres	..	..	..	..	..	..	..	..	107,424
Population, 1951 Census	..	..	..	..	..	..	..	..	18,020
Population, Registrar General's Estimate for mid Year	..								18,310

For comparison: I.M.R. Wiltshire (Previous Year) 20.97
 I.M.R. England and Wales (Previous Year) 22.0

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Neo Natal (first four weeks) deaths:			
Legitimate	2	1	3
Illegitimate	0	0	0
Total	2	1	3

"Neo Natal" Mortality Rate (first four weeks) 9.9

"Early Neo Natal" (first week) deaths:			
Legitimate	2	1	3
Illegitimate	0	0	0
Total	2	1	3

"Early Neo Natal" Mortality Rate 9.9

Illegitimate live births per cent of total live births .. 3.1

Maternal deaths (including abortion) 0

Maternal mortality rate per 1,000 live and still births.. 0

$$\text{Legitimate I.M.R.} = \frac{\text{Leg. deaths under 1 year}}{\text{Leg. live births}} \times 1000$$

$$\text{Illegitimate I.M.R.} = \frac{\text{Illeg. deaths under 1 year}}{\text{Illeg. live births}} \times 1000$$

Comment on Table I

The standardized Live Birth Rate shows a small ^{de}increase from 19.0 to 18.2 last year. With the continued housing insufficiency, one could not wish for any increase.

Illegitimate births are only 3.1% of this total.

Infant Mortality, with a rate of 12.8, is almost halved as compared with 24.3 last year, but this good statistic must be regarded with caution because with a relatively small population district, with corresponding limitation of births to around 330 a year, one or two infant deaths occurring in a particular year make a big difference to the rate, each single infant death making an increase of three in the death rate per 1,000 live births. The national rate for the previous year was 22.0. As in past years, a high proportion of the infant deaths (this year 3 out of 4) occurred in the vulnerable first four weeks of life. Three indeed occurred in the first week.

TABLE II

DEATHS AND DEATH RATES

	Male	Female	Total
Number of Deaths	106	88	194
Crude Death Rate per 1,000 population	..	..	10.5
Comparability Factor for Deaths	..	..	0.93

Comment: This factor, being less than unity, indicates that the age distribution of the local population is older than that of the country as a whole.

Death Rate as standardized by Comparability Factor.. ..	9.7
Death Rate for Wiltshire (Previous Year) for comparison	10.6
Death Rate for England and Wales (previous year) " ..	11.6

Comment: The Crude Death Rate for the Rural District is very slightly raised. The standardized Death Rate, to make allowances for the more elderly population, and comparable with that for the country as a whole, is slightly lower than the rate for England and Wales in the previous year.

NATURAL INCREASE

Increase of Live Births over deaths for the year	12.8
Rate of Natural Increase, per 1,000 of Population	7.0

TABLE III

Certain "Specific" Death Rates in Inverse "Health Index" Value.
(Rates per 1,000 population, except for maternal rate)

(1) Deaths due to Tuberculosis (all forms) (both sexes) ..	0
Tuberculosis Death Rate	0
Deaths due to Respiratory Tuberculosis	0
Respiratory Tuberculosis Death Rate	0
Previous year's Tuberculosis Death Rate, Wiltshire, for comparison	0.05
Previous year's Tuberculosis Death Rate, England and Wales for comparison	0.09
(2) Deaths from Cancer and related malignant diseases ..	44
Specific Death rate from Cancer	2.4
Previous year's Death Rate from Cancer, Wiltshire ..	1.75
Previous year's Death Rate from Cancer, England and Wales	2.15
Specific Death Rate from Lung Cancer	0.32
Previous year's Death Rate from Lung Cancer (Wiltshire)	0.35
Previous year's Death Rate from Lung Cancer (England and Wales) ..	0.46

(3)	Deaths from Heart Disease and other diseases of the circulatory system	.. .. ..	117
	Specific Death Rate from Heart Disease and other diseases of the circulatory system	.. ..	6.4
(4)	Deaths from Accidents and Violence	.. ..	6
	Specific Death Rate from Accidents and Violence	..	0.32

Comment

Certain of these specific "index" mortality rates are analysed, or broken down, in the following Table IV. On the whole these "inverse indices" of the state of health of the community are satisfactory except for the slight increase in mortality from malignant disease, including lung cancer. The specific death rate from Cancer (all forms) rose from 2.1 to 2.4 and Lung Cancer from 0.23 to 0.32. Although an increase in heart and circulatory diseases also occurred, rising from 4.7 to 6.4, this is probably less disturbing.

ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings. These headings lend themselves to a considerable extent to "grouping" the causes of death together in "families" or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has, therefore, been taken of this opportunity to break down the Registrar General's annual table for this district into seven groups, labelled "A" to "G" as set out in Table IV.

TABLE IV

ANALYSIS OF CAUSES OF DEATH

Group A - Certain Communicable Diseases					Male	Female	Total	Rate Per 1,000
1.	Tuberculosis - Respiratory	..	..		0	0	0	0
2.	Tuberculosis - Other	..	..	..	0	0	0	0
3.	Syphilitic Disease	..	..	..	0	0	0	0
4.	Diphtheria	..	..	..	0	0	0	0
5.	Whooping Cough	..	..	..	0	0	0	0
6.	Meningococcal Infections	..	..		0	0	0	0
7.	Poliomyelitis	..	..	..	0	0	0	0
8.	Measles..	..	..	..	0	0	0	0
9.	Other Infectious and Parasitic Diseases (Other than Influenza and Pneumonia)				1	0	1	0.5
Total					1	0	1	0.5

Group B - Cancer and Related Malignant Diseases	Male	Female	Total	Rate per 1,000
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10. Malignant Neoplasm - Stomach ..	2	2	4	.7
11. Lung or Bronchus	6	0	6	.32
12. Breast ..	0	2	2	
13. Uterus ..	0	2	2	
14. Other Malignant or Lymphatic Neoplasm	17	10	27	
15. Leukaemia or Aleukaemia	2	1	3	
Total Group B	27	17	44	2.4

Group C - Diabetes

16. Diabetes	1	0	1	.05
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Group D - Heart and Other Diseases of Circulatory System

17. Vascular Lesions of Nervous System	13	19	32	
18. Coronary Disease or Angina.. ..	22	11	33	1.8
19. Hypertension with Heart Disease..	2	2	4	
20. Other Heart Diseases	14	23	37	
21. Other Circulatory Diseases ..	8	3	11	
Total Group D ..	59	58	117	6.4

Group E - Respiratory Disease
(Other than Tuberculosis)

22. Influenza	0	0	0	
23. Pneumonia	1	4	5	
24. Bronchitis	1	2	3	
25. Other Diseases of Respiratory System	1	0	1	
Total Group E ..	3	6	9	.5

Group F - (Miscellaneous)

26. Ulcer of Stomach and Duodenum ..	1	0	1	
27. Gastritis, Enteritis and Diarrhoea	2	0	2	
28. Nephritis and Nephrosis	0	0	0	
29. Hyperplasia of prostate	1	0	1	
30. Pregnancy, Childbirth, Abortion..	0	0	0	
31. Congenital Malformation	0	0	0	
32. Other Defined and Ill-Defined Diseases	8	4	12	
Total Group F ..	12	4	16	.86

Group G - Accidents and Violence	Male	Female	Total	Rate per 1,000
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33. Motor Vehicle Accidents	2	1	3	
34. All Other Accidents	1	1	2	
35. Suicide	0	1	1	
36. Homicide and operations of war	0	0	0	
Total Group	3	3	6	32

37. ALL CAUSES.	106	88	194	10.6
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Comment on Table IV

As usual, diseases of the heart and circulatory system are the chief causes of endemic mortality in the District - the specific mortality rate for these conditions at 6.4 per 1,000 being nearly two thirds of the total mortality rate of 10.5. Cancer, at about a quarter (2.4 per 1,000) is second, and Respiratory Diseases, other than Cancer, (Bronchitis, Influenza and Pneumonia) third with 0.5 per 1,000.

It must now be appreciated that, as a cause of epidemic disease, heart, cancerous and respiratory diseases have replaced the old idea of "infectious disease" as prime epidemic villains. Public Health Workers have now to tackle this great trio of killers with the same energy as they used to tackle the now weakening group of "communicable" diseases. The efforts to persuade people to reduce tobacco smoking in the face of the great advertising campaign, recently largely directed to making addicts of adolescents, is one example of modern epidemiology in the public health service. Of the Cancer deaths, six were due to lung cancer, and, in accordance with present practice of ascertaining from near relatives the smoking habits of the deceased, all except one were found to be smokers.

LUNG CANCER

In 1957 I submitted a "special report" on Lung Cancer and Tobacco Smoking, and I referred to this, and to a table of statistics for Wiltshire, prepared by the County M.O.H., Dr. C.D.L. Lycett, in my 1957 Annual Report. What was said then still stands, with further evidence to support it.

(Please see Page 17, Section 8 of 1957 Annual Report)

COMMUNICABLE DISEASES

A. Prevention of Communicable Diseases

The measure of the extent to which people are immunised against

communicable diseases in a district is one of the "pointers" towards the health of the community. Artificial immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established, and, so far, most proven successful and lasting artificial immunisations are those against Small Pox and Diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Small Pox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council, Diphtheria, Tetanus and Whooping Cough immunisations either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics, or at specially held immunisation clinics, usually arranged at school. Poliomyelitis immunisation is done either by County Council Medical Officers or by other Medical Practitioners, sometimes engaged by the County Council on a sessional basis at similar Clinics. Partial protection against Tuberculosis is available for Tuberculin negative older school-children through the County M.O.H., and to selected other cases (usually contacts of cases of Tuberculosis) from N.H.S. Chest Physicians. In this area, all the immunisations are still carried out by Doctors, the practice of employing public health nurses (Health Visitors or especially experienced nurses) in this work not yet having been adopted.

I am indebted to Dr. C.D.L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year against Diphtheria, Small Pox, Whooping Cough and Poliomyelitis in the district. Tetanus figures will, I hope, be available for 1961.

TABLE V - IMMUNISATION STATISTICS

(A) DIPHTHERIA (B) WHOOPING COUGH (C) TETANUS

Age Group		Under 1	1	2	3	4	5-9	10-14	All Ages Total
Primary imms. completed during 1960	Diph.	194	37		18		33	5	
	Wh/c.	194	37		18		9	3	
Reinf. injs. administered during 1960.	Diph.	-	7		111		164	9	
	Wh/c.	-	7		106		42	7	
Total immunised child population at 31st Dec. 1960.	Pre 1.1.56	-	-	-	-	-	314	1,282	1,596
	Post 1.1.56	85	234	213	218	210	878	185	2,023
Total									3,619

(Tetanus figures not available for 1960)

(D) SMALL POX

Age Group	Under 1	1	2 - 4	5 - 14	15 or Over
Primary Immunisations	124	19	8	-	4
Re-Immunisations	-	-	2	15	57

(E) POLIOMYELITIS

Age Group (Persons Born)	1943- 1960	1933- 1942	Before 1933 but Under 40	Expectant Mothers and Others Over 40	Total
Partially Immunised (two injections)	293	106	368	10	777
Three Injections	679	672	80	27	1,458

Comment

The precise number of children under 15 years old in the district is not known (except at census times) but in a population of average age-distribution and average birth and death rates, we must expect population, of age birth to 14 full years (under fifteen) of about one fifth or 20% of the total "all age" population. Salisbury and Wilton Rural District has a slightly higher birth rate than the national average, so one can safely assume that at least one fifth of the total estimated population of 18,310 are children under 15. On the basis of this estimate there would be at least 3,500 children under 15 in the district, and the total of 3,619 children under 15 immunised against Diphtheria at some time is therefore too good to be true. Perhaps some of them are duplicated. There were more of the younger children protected than during the previous year, especially of these immunised before their first birthday. Table V shows that 388 babies under twelve months were immunised against Diphtheria during the year, although only 326 live babies were born during the year. This is much better than in previous years. More "health education" for earlier immunisation against Diphtheria and Whooping Cough is still indicated, and the family doctors, health visitors, midwives, home nurses and the staff of the Maternity and Child Health Clinics can all play their part in encouraging this. The increasing popularity of Whooping Cough immunisation (combined with Diphtheria protection) is also assisting in this matter, since to be of maximum value the Whooping Cough protection should be started at, or before, three months old.

During the year, the County Council made "triple antigen", for combined immunisation of Diphtheria, Whooping Cough and Tetanus, available. I have advocated this in my Annual Reports previously, and I hope that in this largely agricultural, though increasingly suburban district, it will prove worthwhile.

Figures for the amount of Tetanus immunisations carried out will not be available until next year.

Table V. continues to show a poor position in regard to Small Pox immunisation (so-called "Vaccination"), for though 124 children under age 1 were immunised, the total "other Immunisations and Re-Immunisations", added together for all other ages, only amounted to 86. In these times, when the speed of air travel allows people infected with Small Pox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against Small Pox in this District is disturbing. It could be less so if the same requirements in regard to immunisation against Small Pox, before making the journey, as apply to entry into most countries, were put into force for entry into Great Britain.

B. Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable", under the Public Health Act 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, this is not generally known, and in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The notifiable communicable diseases actually notified during the year are set out in Table VI.

There is nothing requiring special comment in the main table, indeed the year was a particularly good one in the relative freedom from even the minor notifiable communicable diseases. Incidentally, from unofficial information, this also applied to non-notifiable communicable diseases, such as Rubella.

A separate note on Food Poisoning cases follows in Table VI (a).

TABLE VI

NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

1. <u>Tuberculosis</u>	Sub	Total (Main Disease)	Group Total
(a) Respiratory.. .. .	6		
(b) Meninges and Nervous System	0		
(c) Other Forms.. .. .	1		
(d) Group Total.. .. .		7	7

2. <u>Other Respiratory Notifiable Diseases</u>	Sub	Total (Main Disease)	Group Total
(a) Whooping Cough		6	
(b) Pneumonia Acute		1	
(c) Group Total			7
3. <u>Diphtheria</u>		0	0
4. <u>Meningococcal Infection</u>		0	0
5. <u>Virus Diseases of Nervous System</u>			
(a) Poliomyelitis - Paralytic	0		
(b) Poliomyelitis - Non-Paralytic	0		
(c) Poliomyelitis - Total		0	
(d) Encephalitis - Infective	0		
(e) Encephalitis - Post Infectious.. .. .	0		
(f) Encephalitis - Total.. .. .		0	
(g) Group Total.. .. .			0
6. <u>Other Notifiable Virus Diseases</u>			
(a) Measles (excluding Rubella)		14	
(b) Small Pox		0	
(c) Group Total			14
7. <u>Alimentary Infection or Poisons</u>			
(a) Dysentery - Bacteria	0		
(b) Dysentery - Other	4		
(c) Dysentery - Total		4	
(d) Typhoid Fever		0	
(e) Paratyphoid Fever		0	
(f) Other Salmonella Infection not known to be food borne		0	
(g) Food Poisoning		1	
(h) Group Total			5
8. <u>Streptococcal Group</u>			
(a) Scarlet Fever		14	
(b) Erysipelas		1	
(c) Group Total			15
9. <u>Miscellaneous Groups</u>			
(a) Puerperal Pyrexia		0	
(b) Ophthalmia Neonatorum		0	
(c) Other Notifiable Diseases		0	
(d) Group Total			0
10. All "Notifiable Diseases" Total			47

Comment

It is important to note that certain common communicable diseases such as Influenza, Rubella and Mumps, and also in this country Venereal Diseases, are not generally "Notifiable" and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them, and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of Whooping Cough, for example, may occur but not be notified. Under present regulations notifiable communicable diseases that are first diagnosed after admission to hospital must be notified to the Medical Officer of Health of the district in which the hospital is situated, irrespective of where they live. This accounts for a number of cases from other districts being notified to me, since the main infectious disease hospital for all districts near Salisbury is at Odstock. This shows itself also, and more notably, concerning Puerperal Pyrexia. Most women who bear their babies in hospital in South Wiltshire, North-east Dorset and Western Hampshire do so in the maternity wards at Odstock Hospital. Any woman who develops a temperature of 100.4° , irrespective of cause, (which may be trivial), within fourteen days of childbirth must be notified as Puerperal Pyrexia. In considering the figures, therefore, we must remember that many (indeed most) of these cases do not derive from the Salisbury and Wilton Rural District. However, although 54 cases of Puerperal Pyrexia were notified in 1959, none were notified in 1960! I do not think that measles notification serves any useful local purpose. Food Poisoning is discussed below.

Hospital Accommodation for Communicable Diseases

The Communicable Disease Block at Odstock Hospital serves this District for all ordinary cases of communicable diseases that are better cared-for in hospital. For many cases however, home care is the best, and most cases of Measles, Whooping Cough, Scarlet Fever, Food Poisoning etc., are usually left at home. Ordinary cases of Paralytic Poliomyelitis go to Odstock Hospital, but Regional arrangements are made for "Bulbar" cases, with difficulty in breathing or swallowing, to be treated in a special unit at Portsmouth Communicable Disease Hospital. Special ambulance facilities, with expert travelling and nursing teams, are part of this service. No cases from this Rural District had to go to the Special Unit in 1960.

FOOD POISONING

Table VI (a) is a copy of the "Annual Return" of the Food Poisoning notifications which is sent to the Ministry of Health. This analyses the "Food Poisoning" cases according to whether they occurred as outbreaks or isolated cases (sometimes hard to distinguish), and according to their cause, - bacterial infective, bacterial toxic, chemical, etc.

TABLE VI (a) - FOOD POISONING

(In form requested by the Ministry of Health)

(Salmonella Infections that are not considered to be food borne are not included under Items 2, 3, or 4, but are shown separately under Item 4.)

1. (a) FOOD POISONING NOTIFICATIONS

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	1	0	1

(b) CASES OTHERWISE ASCERTAINED

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0

(c) SYMPTOMLESS EXCRETORS

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0

Note: Symptomless excretors are not regarded as cases. Any notification of a symptomless excretor received is corrected.

(d) FATAL CASES

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
0	0	0	0	0

2. PARTICULARS OF OUTBREAKS

Agent Identified	No. of Outbreaks		No. of cases in 'outbreaks'		Total No. of Cases
	Family outbreaks	Other outbreaks	Notified	Other- wise Ascertained	
(a) Chemical Poisons (type to be stated)	0	0	0	0	0
(b) Salmonella Salmonella Newport	0	0	0	0	0
(c) Staphylococci (including toxin)	0	0	0	0	0
(d) Cl. butolinum	0	0	0	0	0
(e) Cl. welchii	0	0	0	0	0
(f) Other bacteria (to be named)	0	0	0	0	0
Totals	0	0	0	0	0

Agent not identified	0	0	0	0
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3. SINGLE CASES

Agent identified	No. of Cases		Total No. of Cases
	Notified	Otherwise Ascertained	
(a) Chemical Poisons (Type to be stated)	0	0	0
(b) Salmonella (Type to be stated)			
S. Enteritis	1	0	1
S. Typhimurium	0	0	0
S. Derby	0	0	0
(c) Staphylococci (including toxin)	0	0	0
(d) Cl. botulinum	0	0	0
(e) Cl. welchii	0	0	0
(f) Other bacteria	0	0	0

Totals	1	0	1
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Agent not identified	0	0	0
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TOTAL	1	0	1
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4. SALMONELLA INFECTIONS, NOT FOOD BORNE.

Salmonella (type)	Outbreaks		No. of cases (outbreaks)	Single Cases	Total No. of cases (Outbreaks and single cases)
	Family	Other			

0	0	0	0	0	0
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Comment

Only one case, of Salmonella Enteritis infection, was notified or discovered during the year.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery

Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service, with its specialised appendages such as Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-Care" service, which is largely concerned with tuberculous people, their families and other contacts, and with "chronic sick" and aged people, outside hospitals.

The District Medical Officer of Health is also closely concerned with tuberculosis cases, especially in regard to their Housing, and to prevention of infection spread in their homes, and sometimes work.

Since 1954, your Medical Officer of Health, who had not previously been associated with these services, now spends nearly half his day time working for the County Council, principally with the School Health Services and at Child Health Clinics. He also conducts many Immunisation Clinics and undertakes a considerable amount of mental health work. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

Handicapped Children

The School Health care, and special educational needs, of handicapped children also comes under the Wiltshire School Health Services, and your Medical Officer of Health is closely concerned with this work, especially with the many mentally backward children.

School Premises

The hygiene of School Premises, as of most other buildings, concerns the Local Public Health Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements, for improving hygienic conditions, were made during the year, special attention being paid to the dish and utensil washing facilities in the services for school meals. The coming into operation at the end of 1955 of the Food Hygiene Regulations 1955, has already brought about considerable improvement in these meal facilities, and set new standards of conduct for personnel.

Handicapped Adults

The care of handicapped adults, including the blind and deaf, and of old people also comes under the County Council services. But the Local Authority has certain powers in regard to old or neglected people, under Section 47 of the National Assistance Act, 1948. This Local Authority has also delegated some of its power, as permitted by the National Assistance (Amendment) Act 1951, to the Medical Officer of Health, to act on his own authority in emergency to obtain a Justice's Order for the admission to hospital or a home of a person for a period of up to one month's detention.

The Medical Officer of Health saw a number of old people, to a greater or less extent needing "care and attention". In each case however, removal to an institution was either unnecessary, or if necessary, was arranged for voluntarily, either by applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital. It was not necessary to use the emergency powers during the last five years in this Rural District. However, these powers are of distinct background value. Sometimes a hospital bed is very difficult to obtain in a hurry, but if I tell the Hospital Admissions Officers that if the patient had been unwilling, compulsory removal under a Magistrate's Order would have been resorted to, the Admissions Officers have been most helpful in obtaining an emergency bed.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

As stated in previous reports, this is still probably the most important of the various factors which influence public health.

Human health is still and probably always will be influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of water, and of food, supplies. Fundamental to good health are such influences as housing, a safe but not too "fine" water supply, safe and not wasteful disposal of body wastes (drainage, sewerage, etc.), refuse collection and disposal, control of flies, mosquitoes and other insects, mice, rats and other pests and vermin, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared and/or consumed including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the Report of the Chief Public Health Inspector, Mr. J.A. Furley, which is incorporated in this Annual Report. Brief comments on the following matters are, however, made in this section of the report.

1. Housing

As stated in previous reports, and repeated because of its great importance, within the limits of geography, climate, and type of locality, probably no other single environmental influence is as important to mental and physical health as good housing. Lack of housing accommodation, overcrowding, living with "in-laws", adjacent to noisy neighbours, (radios, late nights etc.) over and over again seem to be at the back of people's worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body, if their housing problems could be solved by more people. The extent of the housing problem cannot be measured by the size of the Local Authority's waiting list of applicants for Council Houses or apartments ("flats"), though these are very big. Many people are living in unsuitable accommodation who have not applied for Council Housing.

At the end of the year there were still 474 actual applications, mainly in respect of families, for Council Housing on the waiting list, only 26 less than at the end of 1959. Although the Council continues to build houses, the waiting list remains fantastically large. This great public health problem makes a challenge that, so far, is only being fractionally met.

The Council is, however, to be congratulated upon the very substantial contribution to housing that it has given over the last decade by making Improvement Grants towards the cost of improving and modernising old houses, providing bathrooms, water closets, etc. In this way, 57 houses have been resuscitated and made good during the year, at a cost of £17,407. Since the grants were first permitted under the Housing Act, 1949, a total of 475 houses have been "saved" and improved by means of these grants, totalling £149,429. These figures do not include the smaller grants of specially limited scope, called "Standard" Grants.

Housing of Old People

The special needs of old people living either with their children or alone are of great public importance. The Council are aware of this. The neighbouring Sturminster Rural District Council have been pioneers in this service for the last decade. During 1959 a delegation from the Housing and Public Health Committee visited the Sturminster R.D.C. Grouped Dwellings for old people at Marnhull and Stalbridge, and from this agreed on a scheme which is now being promoted for providing two somewhat similar groups of old people's dwellings at Downton and Laverstock as a beginning for an enterprise in this Rural District which will, I hope, eventually surpass the pioneer work in the Sturminster R.D.

2. Water Supplies

Only nine of the thirty-one parishes are now not supplied with satisfactory, piped water. It is hoped to supply the five Chalke Valley Parishes of these nine parishes shortly. Further details are in the Report of the Chief Public Health Inspector.

Quality

The quality of the public supplies, as indicated by a great many bacteriological and a few chemical analysis has been good, with the one qualification that the natural fluoride content of the waters is not up to the standard required to promote the building of strong, durable teeth, resistant to decay in young growing children.

During the year, in addition to routine full chemical analysis of the waters used in the main regional distribution supplies, more frequent analysis just for fluoride content, started in 1955, were continued at intervals. The results shown in the table, over the page, were obtained. For good dental health a fluoride content of one part per million water is desirable.

FLUORIDE CONTENT OF MAJOR WATER SOURCES
(Parts per million water)

Source	1955	1956	1957	1958	1959	1960
Ebbesbourne	-	-	8th April	0.06	15th Dec.	
Wake			less than		0.1	
			0.1			
Farley	22nd June	5th Mar.	-	-	-	
	0.8	0.1				
Fovant	14th Apr.	11th Jan.	21st May	Mar.	Dec.	
(Borehole)	0.6	1.0	0.6	0.3	0.1	1.0
Pitton	19th Apr.	27th Feb.	-	0.05	-	
	0.7	0.1				
Salisbury City	-	-	19th June	12th Feb.	-	
Supply (for			0.1	0.3		
adjacent R.D.)						
W. Hants Water						
Supply Co.	14th Apr.	22nd Feb.	-	-	-	
(taken at	0.3	0.4				
Downton)						
Whiteparish	12th Apr.	13th Feb.	20th May	Aug.	Oct.	14th Dec.
(Gatmore Pump-	0.2	0.2	0.1	0.07	0.07	0.1
ing Station)						
Wylve	14th Dec	13th June	10th Jan	-	21st Jan.	
(Borehole)	0.15	0.05	1.0		0.1	0.4
West Dean	-	-	-	-	-	0.07
Winterslow	-	-	-	Dec.	-	
				0.05		

As the general level of natural fluoride content of these waters has been fairly well established over a period of 4 years, although there have been some fairly wide fluctuations (e.g. Fovant and Wylve from 0.1 to 1.0 parts per million), the frequency of testing was reduced in 1960, only two fluoride analyses being done, at Fovant and Wylve sources.

Once again I must deplore the fact that the Ministries of Housing and Local Government and of Health are not yet encouraging Water Authorities to enrich fluoride-deficient waters, until they can demonstrate (at Anglesey, Watford, and Kilmarnock) that what is amply proven over more than a decade in Canada and the U.S.A., and more recently in New Zealand, also applies in this country.

The World Health Organisation, New Zealand Department of Health, British Medical Association, British Dental Association, Society of Medical Officers of Health, Canadian Public Health Association, and the American Public Health Association support this enrichment measure, where waters are naturally weak in fluoride.

I believe that no other public health measure would produce results in improving dental, and therefore general health so quickly and so cheaply. The benefits, while starting with young children, will, as these children grow up, persist throughout life.

3. Milk Supply

Details of supervision and sampling of milk supplies will be found in the Chief Public Health Inspector's section of this report. Note however that most of the R.D.Cs. work with milk was stopped in October, following the transfer of licensing of designated milks to the County Council, under the Milk (Special Designation) Regulations 1960.

From the viewpoint of prevention of milk borne disease the two most important tests to which samples are subjected are:

- (a) The Phosphatase tests, for checking the adequacy of the Heat Treatment of Pasteurised milk. Here, most of the sampling is done by the County Council staff, as the Wilts C.C. is the licensing authority for actual Pasteurisers. Copies of reports on the samples taken by the W.C.C. are sent to me, and, as regards this district, have been satisfactory, none failing to pass the phosphatase test.
- (b) The Biological tests, for detecting presence of living tuberculosis or brucella germs in the milk. Here, from January to October, 20 samples from Tuberculin tested raw milks were analysed by the 5 week guinea-pig and Culture tests, and it is very reassuring to report that all samples were negative for tuberculosis and all negative for brucella. A considerable number of milk samples, however, showed positive "Ring" tests. This is not an official test, but gives a guide as to whether there has been brucella infection in the herd recently or in past months. When a positive ring test is found, a Public Health Inspector calls and advises the producer to call in his veterinary surgeon. Immunisation of herds against brucellosis can, however, give falsely positive ring tests.

4. Sewage Disposal

The Berwick St. James sewerage scheme was completed. Progress continued on the Downton - Redlynch and the Fovant sewerage schemes, stage 1 of the former being completed. Little bits of Laverstock have been sewered. Dreadful odours are alleged to arise from the Netherhampton Sewage Farm of Salisbury City Council, but I can seldom smell more than the faintest whiff. The City's new works are now being constructed and within a year or two should render Netherhampton abandonable.

5. Food Hygiene

There has been a modest improvement in the hygiene of equipment and operation of food establishments, schools, public houses, etc., during the year. One large poultry processing plant came under special consideration during the year. Improvements in toilet provision have been made, and a change to a more suitable, and larger, site was recommended, but owing to take over bid negotiations were held up.

6. Refuse

During the year the Council continued the negotiations for acquiring, with the object of introducing "controlled tipping", and fencing off to frustrate unauthorised tipping and reduce accident risk, the great depression between Downton and Redlynch, where the Council's contractor tips his loads. This dump should give a further decade of service, but another one, further West and North in the district is needed, to reduce transport now, and to take over later when the Downton dump is full.

7. Swimming Facilities

The Rural District is fortunate in having five lovely rivers, the Avon, Wylfe, Till, Nadder and Ebbel, threading it. In various pools in these rivers quite good swimming and bathing facilities exist, with only a small risk of infection from pollution.

It is, however, unfortunate that in a district with much attractive river water, there are still so few facilities for teaching children to swim. All children should be taught to swim as young as possible, certainly by primary school age. All children, and adults, should be taught the Holger-Neilson system of Artificial Respiration. These two accomplishments would be most conveniently taught in the Primary Schools.

I am glad to hear from the Principal School Medical Officer for Wiltshire that a recommendation has been made to the County Education Committee that the Holger Neilson system of Artificial Respiration be taught in the schools.

8. Tobacco Smoking

Dealt with after Table IV - see 'Cancer'.

9. Meat Inspection

The burden of this necessary work on the Public Health Inspectorate is tremendous. Development of new poultry slaughtering and processing stations is about to increase, but at present there is no provision for meat inspection at these places. The time is approaching however when some provision should be made.

10. Factory Inspection

TABLE VII - FACTORIES

Factories Acts 1937 and 1959

INSPECTIONS

Premises	Number of Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be en- forced by Local Authorities. ..	4	7	1	-
(ii) Factories not in- cluded in (i) in which Section 7 is enforced by the Local Authority ..	82	33	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding cut- workers' premises)	Nil	Nil	Nil	Nil
Total ..	86	40	1	Nil

CASES IN WHICH DEFECTS WERE FOUND AT FACTORIES

Particulars		Number of cases in which defects were found		Number of cases in which pro- secutions were in- stituted.	
		Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector
(a) Want of clean- liness (Sec. 1)	1	1	-	-	-
(b) Overcrowding (Sec. 2)	-	-	-	-	-
(c) Unreasonable temperature (Sec. 3)	-	-	-	-	-

Number of cases in which
defects were found

Particulars	Number of cases in which defects were found		Referred to H.M. Inspector	Referred by H.M. Inspector	Number of cases in which prosecutions were instituted
	Found	Remedied			
(d) Inadequate Ventilation (Sec. 4)	-	-	-	-	-
(e) Ineffective drainage of floors. (Sec. 6)	-	-	-	-	-
(f) Sanitary Conveniences (Sec. 7)					
(i) Insufficient	1	1	-	-	-
(ii) Unsuitable or Defective	1	1	-	1	-
(iii) Not separate for sexes	-	-	-	-	-
(g) Other Offences against the act (not including Offences relating to Out-work).	-	-	-	-	-
Total ..	<u>3</u>	<u>3</u>	<u>-</u>	<u>1</u>	<u>-</u>

OUTWORKERS

Section 110 and 111 Factories Act 1937

No. of out-workers in August list required by Sec. 110 (1) (c) (2)	No. of Cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	No. Served	Prosecutions
--	---	---	--	------------	--------------

Wearing
Apparel:

Making etc.,
Cleaning and

Washing.	<u>36</u>
Total ..	<u>36</u>

-	-	-	-	-
-	-	-	-	-

All other occupations Nil.

Other Comments

Complaints of fearful smells and sternutatory effects on noses and lungs, came from the western fringe of Salisbury City adjacent to Netherhampton Parish border, on which a large factory of Automobile and Aero engine piston rings had started a sideline process of boiling sulphur in castor oil to make a metal-scaling compound. The process was investigated, and suggestions made to, and accepted by, the firm, with partial success only. Towards the end of the year, however, the factory became "registered" under the Alkali Works Regulation Act which places it directly under the supervision of the Ministry of Health instead of the Local Authority. Complaints, which continue to occur, now are directed to the Ministry's Inspector under the Act, who operates from Clevedon, Somerset.

F. J. G. LISHMAN.

21st July, 1961.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1960

Mr. Chairman, Lady Nye and Gentlemen,

I have the honour to submit my Annual Report for the year 1960.

I would like to again take this opportunity of thanking the Staff of my section of the Health Department for the very efficient, conscientious and courteous way in which they have carried out their duties during the past year and to whom much credit is due in connection with large volume of work carried out during this year.

J. A. FURLEY

Chief Public Health Inspector.

PUBLIC HEALTH INSPECTIONS OF THE AREA

Public Health Act, 1936 and General Sanitation

Number of Inspections	re Water Supply	.. .. .	127
" "	re Water Sampling and Analysis	..	166
" "	re Drainage and/or Sanitary		
	Accommodation	.. .. .	224
" "	re Caravans etc.	.. .. .	100
" "	re Buildings of Temporary Material		
	(Section 53)	.. .. .	14
" "	re Factories Act	.. .. .	17
" "	re Infectious Diseases	.. .. .	15
" "	re Investigation of Food Poisoning		18
" "	re Miscellaneous Complaints	.. .. .	196
" "	re Refuse Collection, Tips etc.	..	30

Housing

Number of Inspections and Visits under Housing Act 1936			
	and 1957..		420
" " " " " under Housing Acts 1949/			
	1952/58		1,020
" " " " " under Public Health Acts			82

Meat and Food Inspection

Number of Visits to Slaughterhouses approx		235
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Meat and Food Inspection (cont'd)

Number of Visits to Shops, Premises and Vans	40
" " " " Dairies	15
" " " re Ice Cream	22
" " " to Cafes.. .. .	11

HOUSING

The following statistics show the work carried out under the Housing Acts 1936, 1949, 1952, 1957 and 1958, the Housing Repairs and Rents Act, 1954 and the Rent Act, 1957.

I should once again like to draw attention to the very liberal policy adopted by the Council relating to the repair of houses with aid of Improvement Grants, during the past years a record amount was approved by the Council for Discretionary Grants in addition to the Standard Grants, and this together with the total number of houses owned by the Council gives some measure of the Local Authority's stake in housing the population. I think that this is a record to be proud and the Council is undoubtedly administering the Acts to the spirit and letter as the Legislature intended.

"Discretionary" Grants

Year	Amount of Grant Paid	No. of Properties
31.7.49 - 31.12.54	£18,509	61
1955	£21,059	71
1956	£20,388	66
1957	£23,033	70
1958	£21,878	79
1959	£17,407	51
1960	£27,155	77
Total	<u>£149,429</u>	<u>475</u>

"Standard" Grants

<u>Value of Grants Paid</u>	<u>No. of Houses</u>
£2,995	26

The clearance of Unfit Houses has progressed steadily during the year and the number of unfit houses remaining to be dealt with is now quite small.

HOUSING STATISTICS FOR 1960

1.	Number of permanent dwellings in district at end of year	5,873
2.	Number of permanent dwellings in district owned by local authority	825
3.	Number of temporary dwellings in district owned by local authority	Nil
4.	Number of applications for Council houses at end of year	474
5.	Inspection of dwellings during year:	
	(i) Inspected for housing defects under Public Health Acts.. .. .	97
	(ii) Inspected for housing defects under Housing Acts	103
	(iii) Number of dwellings so dangerous or injurious to health as to be unfit for habitation	98
	(iv) Number of dwellings found not to be in all respects reasonably fit for habitation ..	40
6.	Number of dwellings rendered fit in consequence of informal action	125
7.	Action under Statutory Powers.	
	A. Proceedings under Sections 9, 10, and 12 Housing Act, 1957.	
	(i) Number of dwellings where notices were served requiring defects to be remedied ..	3
	(ii) Number of dwellings rendered fit after service of formal notices	
	(a) by owners	Nil
	(b) by local authority in default of owners	Nil
	B. Proceedings under Section 16, Housing Act, 1957.	
	(i) Number of demolition orders made ..	17
	(ii) Number of houses demolished as result of demolition order	26

(iii) Number of undertakings accepted 4

(iv) Number of undertakings completed Nil

C. Proceedings under Section 17, 18, 27, Housing Act, 1957.

(i) Number of dwellings where closing Orders were
made.. .. 1

(ii) Number of dwellings closed as result of Closing
Orders or undertakings by owners 5

(iii) Number of dwellings where Closing Orders were can-
celled in consequence of premises being made fit 3

8. Houses Erected

	1.4.45 to 31.12.60	Total Number of New Dwellings - Post War Period
Local Authority	668	
Private Enterprise	642	1310

WATER SUPPLY

The Council's comprehensive Water Supply Scheme to embrace the whole of the area administered is now reaching its final stages.

Work is nearing completion on the Chalke Valley supply Scheme, which entailed the laying of approximately 23 miles of water mains and the construction of a reservoir of 250,000 gallons capacity at Compton Down.

A borehole has been sunk at Lopcombe Corner, a high level reservoir erected and mains laid, so that a safe water supply is now available in this remote corner of the district which has suffered for many years without a supply of water other than rain water in most cases, causing severe hardship to the few inhabitants.

A Scheme to supply water to the remaining parts of Alderbury, Ford, and to link East and West Grimstead is in a very advanced stage at the time of writing this report, and a further scheme to link Farley, Pitton and Winterslow (which is at present supplied by the Winterslow Water Society) to the West Hants Water Company's reservoir at Standlynch Down is at present in the course of preparation.

The water supplies are sufficient in quantity and no restrictions have been placed upon the use of water in the area.

I give below the position at December 31st, 1960 regarding supplies to every village in the Council's area. The population figures given are those taken from the 1951 census - no later figures being available. No records are available as to the population supplied only as to the number of properties connected to the mains where these are owned and controlled by the Council. The figures relating to Downton, Redlynch and Landford have been kindly supplied by the West Hants. Water Co. Ltd.

I regret that no records are kept of houses supplied by stand-pipe, only a very few are supplied this way - in each case water is taken inside the house.

Village or Parish	1951 Population	Source of Supply	No. of Houses Connected
Alderbury	1,029	Council's Supply	286
		Longford Estate Main	Not Known
Barford St. Martin	487	Council's Supply	286
Britford	582	" "	37
Berwick St. James	173	Manor Farm Supply	Approx 95%
Bishopstone	457	(Mains being laid in this village)	
Bowerchalke	379	" "	
Broadchalke	597	" "	
Burcombe	196	Council's Main	44
Clarendon Park	315	Private Estate Supply	Not Known
Compton Chamberlayne	170	Council's Main	27
Coombe Bissett	425	(Mains being laid in this village)	
Dinton	458	Council's Main	130
Downton	1,701	West Hants Water Co.	428
Ebbesborne Wake	221	Council's Main	34
Fovant	416	Council's Main	165
Great Wishford	234	Council's Main	94
Grimstead	310	Council's Main	126

Village or Parish	1951 Population	Source of Supply	No. of Houses Connected
Laverstock	1,610	Council's Main	386
Landford	492	West Hants Water Co.	150
Netherhampton	221	Council's Main	32
Odstock	561	Longford Estate	Not Known Approx 90%
Pitton and Farley	452	Council's Main	193
Quidhampton	370	Council's Main	123
Redlynch	2,194	West Hants Water Supply	583
South Newton	436	Council's Main	204
Stapleford	267	Council's Main	75
Steeple Langford	458	Council's Main	100
Whiteparish	847	Council's Main	284
West Dean	180	Norman Court Estate Supply	Not Known Approx 95%
Winterslow	1,022	Winterslow Water Soc.	Not Known Approx 90%
Winterslow (Lopscombe Corner Area)		Council's Main	12
Wylve	400	Council's Main	97

I now give a summary of the water supplied from each source together with a summary of reports of samples taken.

Fovant Source

Supply to villages of Fovant, Compton Chamberlayne, Dinton, Barford St. Martin and Burcombe.

This area will also be the source of supply for the Chalke Valley Area (Broadchalke, Bowerchalke, Bishopstone and Coombe Bissett).

Water is chlorinated at source.

Result of Bacteriological Examination of Water Supply during year

April	Excellent
June	Unsatisfactory
July	Excellent
October	Excellent
October	Excellent

Result of Chemical Analysis of Water Supply during year

July	Satisfactory (Except for Fluorine content 0.4 p.p.m.)
------	---

Wylve Source

Supply to villages of Wylve, Steeple Langford, Stapleford, South Newton and Wishford.

Water supplied untreated.

Result of Bacteriological Examination of Water supplied during year

February	Excellent
July	Excellent
October	Excellent
November	Suspicious

Result of Chemical Analysis of Water Supply

November	Satisfactory (Except for Fluorine content 0.1 p.p.m.)
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Farley Source

Supply to Farley, East Grimstead, parts of West Grimstead, and to the Forestry Commission Houses in the parish of West Dean.

Water supplied untreated until November when Chlorinator installed following results of samples taken in October.

Result of Bacteriological Examination of Water supplied during year

February	Excellent
September	Excellent
October	Unsatisfactory
October	Unsatisfactory
October	Unsatisfactory
November	Excellent

Result of Chemical Analysis of Water Supply

September	Satisfactory
-----------	--------------

Pitton Public Supply

Supply to village of Pitton only.

Water chlorinated at source.

Result of Bacteriological Examination of Water supplied during year

February	Excellent
May	Excellent
September	Excellent
October	Excellent
December	Excellent

Result of Chemical Analysis of Water Supply

September	Satisfactory
-----------	--------------

Ebbesbourne Wake Source

Supply to village of Ebbesbourne Wake only.

Water chlorinated at source.

Result of Bacteriological Examination of Water supplied during year

March	Excellent
June	Unsatisfactory
July	Excellent
September	Excellent
October	Unsatisfactory
October	Excellent
December	Excellent

Result of Chemical Analysis of Water supplied

June	Satisfactory
------	--------------

BULK SUPPLIES, ETC.

Downton, Redlynch and Landford.

These villages are supplied by the West Hants Water Company, being included in the Statutory area of the Company.

Britford, Laverstock.

Supplied by mains water by bulk supplies from Salisbury City and distributed through the Rural District Council's mains.

Alderbury and West Grimstead and Whiteparish

Supplied by mains water by bulk supplies from the West Hants Water Company's source and distributed through the Rural District Council's mains.

Quidhampton and Netherhampton

Supplied by mains water by bulk supplies from Wilton Borough and distributed through the Rural District Council's mains.

Berwick St. James, parts of Alderbury, Odstock, West Dean, Winterslow and Clarendon Park.

Piped water from private sources are available in these Parishes, excepting Winterslow where the supplies are from The Winterslow Water Society, and at the time of writing this report negotiations are taking place with a view to this undertaking being taken over by the Council.

WATER SAMPLES

I give below a summary of the results of samples taken during the year:-

ANALYSIS OF WATER SAMPLES

1. Bacteriological

(a)	Number of samples taken of raw untreated water	
	supplies	102
(b)	Number of samples taken of treated water	
	supplies	<u>46</u>
		<u>148</u>

Analysis of Reports

(a)	TREATED WATER SUPPLIES	
	Number Excellent	34
	Number Unsatisfactory	<u>12</u>
		46
(b)	RAW, UNTREATED WATERS	
	(a) Number Excellent	48
	(b) Number Satisfactory	11
	(c) Number Suspicious	14
	(d) Number Unsatisfactory	<u>29</u>
		102
		<u>148</u>

In addition to the above, 6 samples were taken of water from new mains before these were released for public supply.

2. Chemical Samples

7 samples were taken for chemical analysis and all these proved to be satisfactory.

All these samples conform with the classifications laid down in the Ministry of Health Report on the Bacteriological Examination of Water Samples.

SEWERAGE AND SEWAGE DISPOSAL

QUIDHAMPTON

Sewers discharge into Salisbury City's Trunk Sewer south of the village.

LAVERSTOCK

Parts of Laverstock sewered as development takes place. Foul sewers have now been laid to serve the central area of the village.

BERWICK ST. JAMES

Sewers and Disposal Unit are now completed. The majority of property in the village is connected to the sewer.

DOWNTON

Stage 1 of the Downton Sewerage Scheme is now completed and working.

Stage 2 - work is now in progress.

REDLYNCH

Sewers being laid to serve parts of Redlynch draining into the Disposal Works at Downton.

FOVANT

Work in progress on this Scheme, which should be complete by July, 1961.

MEAT CONDEMNED DURING 1960

ANIMALS	FOR TUBERCULOSIS		CONDEMNED FOR PURPOSES OTHER THAN TUBERCULOSIS	
	Meat	Offal	Meat	Offal

	lbs.	lbs.	lbs.	lbs.
Pigs	3,798	2,911	4,490	1,303
Calves ..	Nil	Nil	Nil	Nil
Sheep.. ..	Nil	Nil	Nil	Nil
Bovines ..	Nil	Nil	Nil	Nil
Horses ..	Nil	Nil	Nil	Nil

Carcases Inspected and Condemned - For the Year Ended 1960

	Cattle excluding Cows	Cows	Sheep and Lambs	Pigs	Horses
Number Killed	-	-	-	22,688	-

	Cattle excluding Cows	Cows	Sheep and Lambs	Pigs	Horses
Number Inspected	-	-	-	22,688	-
All Diseases except Tuberculosis and Cysticercosis					
Whole carcasses condemned	-	-	-	20	-
Carcasses of which some part or organ was con- demned.	-	-	-	316	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticercosis.	-	-	-	1.5%	-
Tuberculosis Only					
Whole carcasses condemned	-	-	-	9	-
Carcasses of which some part or organ was con- demned.	-	-	-	456	-
Percentage of the number inspected affected with tuberculosis.	-	-	-	2%	-
Cysticercosis					
Carcasses of which some part or organ was con- demned.	-	-	-	-	-
Carcasses submitted to treatment by refrigera- tion.	-	-	-	-	-
Generalised and totally condemned.	-	-	-	-	-

MILK SUPPLY

During the year further changes were made in legislation relating to milk supplies and the function of licensing was transferred to the Wilts County Council. Routine sampling ceased in October when the Milk (Special Designation) Regulations 1960 became operative.

Premises used as dairies 4

Persons registered as distributors of milk	20
Dealers authorised to use the special designation Tuberculin Tested	19
Dealers authorised to use the special designation Pasteurised	15
Dealers authorised to use the special designation Sterilised..	1

Methylene Blue Test

Tuberculin Tested Raw Milk.

(a) Number of samples passed	19
(b) Number of samples failed	1

Biological Samples (Tubercle Bacillus Test)

Tuberculin Tested Raw Milk.

(a) Number of samples negative	20
(b) Number of samples positive	Nil

Biological Samples (Brucellus Abortus Test)

(a) Number of samples negative	20
(b) Number of samples positive	Nil

FOOD HYGIENE REGULATIONS, 1955.

Inspections have been carried out of food premises under the above Regulations and a number of informal notices have had to be served upon owners of certain property, in order to obtain compliance with these Regulations.

FOOD AND DRUGS ACT, 1955.

Section 16 - Number of Premises Registered

(a) Premises registered for the sale of Ice Cream.. .. .	75
(b) Premises registered for the manufacture of Sausages, etc. .. .	8
(c) Premises licenced for use as Slaughterhouse	1

Slaughter of Animals Act, 1933.

(a) Number of Slaughtermen licensed during the year under the above Act	12
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REFUSE COLLECTION AND DISPOSAL

The Council's refuse collection and disposal was carried out regularly and satisfactorily during the year. The collection being weekly in the Parishes of Quidhampton, Laverstock, South Newton, Wishford, Alderbury and Coombe Bissett, and fortnightly in the remaining Parishes.

RODENT CONTROL

Routine surveys and investigation of all complaints received have been conscientiously dealt with by the Rodent Operator under the supervision of this Department and I give below the following table, which briefly summarises the work carried out:

	TYPE OF PROPERTY				
	Non-Agricultural				
	(1)	(2)	(3)	(4)	(5)
	Local	Dwelling	All Other	Total	Agricul-
	Auth-	Houses	(Inc. Bus-	of	ture
	ority	(inc. Council	iness	Cols, (1)	
		Houses)	Premises)	(2) & (3)	
1. Approximate number of properties	7	5,901	600 (approx)	6,508	400 (approx)
2. Number of properties inspected as a result of:					
(a) Notification	1	59	10	70	11
(b) Survey under the Act	6	710	40	756	93
3. Number of properties inspected (in Section 2) which were found to be infested by:					
(a) Rats { Major	1	-	1	2	1
{ Minor	3	116	10	129	11
(b) Mice { Major	-	1	1	-	-
{ Minor	-	4	1	5	-
4. Number of infested properties (in Section 3) treated by L.A.	4	121	12	137	12

The Rodent Operator is employed in conjunction with our neighbours Amesbury R.D.C. and Wilton Borough under a Joint Committee and he spends four weeks with this Council and then is away for the following six weeks with the other Authorities. This arrangement works extremely well and is of considerable advantage to all concerned.

J.A. FURLEY

Chief Public Health Inspector.

